

## **Summary of DRAFT Texas DSRIP DY7-8 (October 1, 2017 - September 30, 2019) Requirements**

**Category A** - Required reporting to be eligible for payment of Categories B-D.

0% of Total Valuation

**RHP Plan Update** - Describe transition from DY2-6 to DY7-8 activities including new activities

**DY7** - reported during DY7 Round 2

**DY8** - reported during DY8 Round 2

- **Core Activities** - Report on progress and updates to core activities
- **Alternative Payment Methodology (APM)** - Report on progress toward or implementation of APM arrangements
- **Costs and Savings** - Submit costs of core activities and forecasted/generated savings
- **Collaborative Activities** - Attend at least one learning collaborative, stakeholder forum, or other stakeholder meeting

**Category B** - Medicaid and Low-Income or Uninsured (MLIU) Patient Population by Provider (PPP)

10% of Total Valuation

**RHP Plan Update** - Submit baseline total number of individuals and MLIU individuals served by the Performing Provider system (based on DY5-6 averages)

**DY7** - reported during DY8 Round 1 (no carryforward option)

**DY8** - reported during DY9 Round 1 (no carryforward option)

- Maintain number of MLIU individuals served within allowable variation based on size and type of Performing Provider
- Maintain ratio of MLIU individuals served to total individuals served within allowable variation based on size and type of Performing Provider
- Partial achievement available for both the number of MLIU individuals served and the ratio of MLIU individuals served to total individuals served based on allowable variation, paid at 100%, 90%, 75%, 50%, or 0% of milestone value

**Category C** - Measure Bundles

80 or 85% of Total Valuation

**RHP Plan Update** - Selection of Measure Bundles.

- Measure Bundles valued proportionally based on point value of selected Measure Bundles.
- Each measure within a Measure Bundle is valued equally.

**Hospitals and physician practices** - must select Measure Bundles to meet or exceed the Minimum Point Threshold. HHSC assigns each hospital or physician practice a Minimum Point Threshold based on:

- DY7 valuation
- Standard point valuation
- Threshold cap
- DY6 valuation
- Medicaid and uninsured charges
- Medicaid and uninsured inpatient days (hospitals only)
- Uncompensated Care (UC) Pool payments
- Disproportionate Share Hospital (DSH) payments (hospitals only)

**Community Mental Health Centers (CMHCs)** - minimum requirements TBD

**Local Health Departments (LHDs)** - minimum requirements TBD

**Measurement Period:**

**DY7**

P4P Baseline: Calendar Year (CY) 2017

P4P Performance Year (PY) 1: CY 2018

P4R Reporting Year (RY) 1: DY7

**DY8**

P4P PY2: CY 2019

P4R RY2: DY8

**P4P Measure:**

**DY7**

25% baseline reporting milestone - may be reported during DY7 Round 1 or DY7 Round 2

25% PY1 reporting milestone &

50% PY1 goal achievement milestone - may be reported during DY8 Round 1 or DY8 Round 2

**DY8**

25% PY2 reporting milestone &

75% PY2 goal achievement milestone - may be reported during DY9 Round 1 or DY9 Round 2

**P4R Measure:**

**DY7**

100% RY1 reporting milestone - may be reported during DY7 Round 2, DY8 Round 1, or DY8 Round 2

Reporting Periods: DY7 Round 1 - Apr 2018; DY7 Round 2 - Oct 2018; DY8 Round 1 - Apr 2019; DY8 Round 2 - Oct 2019; DY9 Round 1 - Apr 2020; DY9 Round 2 - Oct 2020

**DY8**

100% RY2 reporting milestone - may be reported during DY8 Round 2, DY9 Round 1, or DY9 Round 2

**Goals - Quality Improvement System for Managed Care (QISMC):**

*Baseline below MPL:*

**DY7**

Minimum Performance Level (MPL)

**DY8**

10% gap closure between the MPL and High Performance Level (HPL)

*Baseline between MPL and HPL:*

**DY7**

The greater absolute value of improvement between: 10% gap closure towards HPL, or baseline plus (minus) 5% of the difference between the HPL and MPL, not to exceed the HPL

**DY8**

The greater absolute value of improvement between: 20% gap closure towards HPL, or baseline plus (minus) 10% of the difference between the HPL and MPL, not to exceed the HPL

*Baseline above HPL:*

**DY7**

HPL

**DY8**

HPL

**Goals - Improvement over Self (IOS)****DY7**

5% gap closure

**DY8**

10% gap closure

Denominator population includes all individuals served by the Performing Provider system (facility, co-morbid condition, age, gender, and race/ethnicity subsets are not allowed)

- P4P measure goal achievement milestones - achievement of MLIU rate (with some exceptions due to data limitations or small volume)
- P4R and P4P measure reporting milestones - required reporting of All-Payer, Medicaid, and LIU payer types (with some exceptions due to data limitations)

Reporting Periods: DY7 Round 1 - Apr 2018; DY7 Round 2 - Oct 2018; DY8 Round 1 - Apr 2019; DY8 Round 2 - Oct 2019; DY9 Round 1 - Apr 2020; DY9 Round 2 - Oct 2020

Partial achievement available for P4P goal achievement milestones, paid at 100%, 75%, 50%, 25%, or 0% of milestone value.

- $\text{DY7 partial achievement} = (\text{PY1 Achieved} - \text{Baseline}) / (\text{PY1 Goal} - \text{Baseline})$
- $\text{DY8 partial achievement} = (\text{PY2 Achieved} - \text{Baseline}) / (\text{PY2 Goal} - \text{Baseline})$

#### **Category D - Statewide Reporting Measure Bundle**

5 or 10% of Total Valuation

**DY7** - reported during DY7 Round 1 or 2, depending on the measure (no carryforward option)

**DY8** - reported during DY8 Round 1 or 2, depending on the measure (no carryforward option)

Report on the Statewide Reporting Measure Bundle according to Performing Provider type

#### **UC only Hospital Requirements**

- Participate in 1 learning collaborative
- Report on mandatory Category D reporting domains

#### **Private Hospital Participation Incentive**

If a region maintains its private hospital participation in the RHP Plan Update, each Performing Provider in the region may shift 5% of their total valuation from Category C to Category D.

- A 3% decrease may be allowed in each region.

#### **Plan Modifications**

- Changes to Measure Bundle selection due 2/28/18.
- Other changes to Measure Bundles and MLIU PPP due 90 days prior to the next reporting period.